



# Meningococcal Disease

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Fever Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Stiff neck

☐ ☐ ☐ ☐ Cough Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Eyes sensitive to light (photophobia)

☐ ☐ ☐ ☐ Rash

☐ ☐ ☐ ☐ Other symptoms consistent with illness: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Meningococcal vaccine in past

Number of doses meningococcal vaccine prior to illness: \_\_\_\_\_

Dose 1 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 3 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Laboratory

Date 1<sup>st</sup> positive specimen

collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

Source \_\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ **N. meningitidis culture (sterile site):**

☐ Bronchoalveolar lavage ("BAL") ☐ Blood

☐ CSF ☐ Joint ☐ Other sterile site: \_\_\_\_\_

Antibiotic resistance testing of isolate:

Sulfa resistance ☐ Y ☐ N ☐ NT/Unk

Rifampin resistance ☐ Y ☐ N ☐ NT/Unk

☐ ☐ ☐ ☐ ☐ **N. meningitidis antigen by latex agglutination (CSF) or immunochemistry (formalin-fixed tissue) [Probable]**

☐ ☐ ☐ ☐ ☐ **N. meningitidis DNA by validated PCR from normally sterile site [Probable]**

☐ ☐ ☐ ☐ ☐ **Gram-negative diplococci (from normally sterile site) in the absence of positive culture [Suspect]**

N. meningitidis serogroup: ☐ A ☐ B ☐ C ☐ Y ☐ W135  
☐ Not groupable ☐ Other ☐ Not serogrouped

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Smokes tobacco

☐ ☐ ☐ ☐ Prolonged time indoors where people smoke

☐ ☐ ☐ ☐ Respiratory disease in 2 weeks before onset

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Primary Bacteremia

☐ ☐ ☐ ☐ Pneumonia

X-ray result: ☐ P ☐ N ☐ I ☐ O ☐ NT

☐ ☐ ☐ ☐ Purpura fulminans

☐ ☐ ☐ ☐ Rash – petechial

☐ ☐ ☐ ☐ Septic arthritis

☐ ☐ ☐ ☐ Altered mental status

☐ ☐ ☐ ☐ Admitted to intensive care unit

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required

☐ ☐ ☐ ☐ Complications:

☐ Pericarditis ☐ Epiglottitis ☐ Amputations

☐ Cellulitis ☐ Dissem. Intravasc. Coag. (DIC)

☐ Other Specify: \_\_\_\_\_

P = Positive  
N = Negative  
I = Indeterminate  
O = Other  
NT = Not Tested

**INFECTION TIMELINE**

Enter onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset: **Exposure period**

-10 -2

**Contagious period\***

1 week prior

to weeks after onset

Calendar dates:

\* unless treated for nasopharyngeal carriage

**EXPOSURE (Refer to dates above)**

**Y N DK NA**

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Destinations/Dates: \_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Contact with lab confirmed case  
☐ Casual ☐ Household ☐ Sexual  
☐ Needle use ☐ Other: \_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Congregate living  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_  
If dormitory residence, name: \_\_\_\_\_  
If dormitory residence, # of roommates: \_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Human saliva (e.g. water bottle, cigarettes, lipstick, eating utensils)  
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting  
☐ ☐ ☐ ☐ Employed in laboratory

**Where did exposure probably occur?** ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**Exposure details:** \_\_\_\_\_

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

**PATIENT PROPHYLAXIS / TREATMENT**

**Y N DK NA**

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: \_\_\_\_\_  
Date/time antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM # days antibiotic actually taken: \_\_\_\_\_  
☐ ☐ ☐ ☐ Treated for nasopharyngeal carriage  
☐ ☐ ☐ ☐ Antibiotic use before specimen collected

**PUBLIC HEALTH ISSUES**

**Y N DK NA**

☐ ☐ ☐ ☐ Attends child care or preschool

**PUBLIC HEALTH ACTIONS**

☐ Prophylaxis of appropriate contacts recommended:  
☐ Household members ☐ Roommates  
☐ Child care contacts ☐ Playmates ☐ Other children  
☐ Other patients ☐ Medical personnel ☐ EMTs  
☐ Co-workers ☐ Teammates ☐ Carpools  
☐ Other close contacts: \_\_\_\_\_  
Number of contacts recommended prophylaxis: \_\_\_\_\_  
Number of contacts receiving prophylaxis: \_\_\_\_\_  
Number of contacts completing prophylaxis: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_